

[Your Name]
[Your Address]
[City, State, ZIP Code]
[Email Address]
[Phone Number]
[Date]

[IHSS Office Name]
[IHSS Office Address]
[City, State, ZIP Code]

Subject: Request for Reimbursement of Medical Bills

Dear [IHSS Office or Case Manager's Name],

I hope this letter finds you well. I am writing to formally request reimbursement for medical expenses incurred on behalf of [Recipient's Name] (IHSS recipient), for the period of [insert date range of services].

Enclosed, please find copies of the relevant medical bills and receipts totaling [insert total amount]. These expenses are necessary for the health and well-being of [Recipient's Name] and fall under the approved IHSS services.

Details of the expenses are as follows:

1. Date of Service: [Date]
Provider: [Provider's Name/Facility]
Description: [Description of service]
Amount: [Amount]
2. Date of Service: [Date]
Provider: [Provider's Name/Facility]
Description: [Description of service]
Amount: [Amount]

[Continue as necessary with additional expenses]

I would appreciate your prompt attention to this request. Please let me know if you require any further documentation or information to process this reimbursement.

Thank you for your assistance.

Sincerely,

[Your Signature (if sending a hard copy)]
[Your Printed Name]
[Your IHSS Recipient ID (if applicable)]